

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	W/K		4/20/01
<b>O.I.P.E. CLASSIFIER</b>		48	5/11/01
<b>FORMALITY REVIEW</b>	TM	SCB 64	8/29/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	6/26/01
2	6/26/01
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here